TESTIMONY OF PATRICK ALVINO, M.D., BEFORE THE APPROPRIATIONS COMMITTEE REGARDING NEED FOR EXPANSION OF PRIMARY CARE CASE MANAGEMENT/HUSKY PRIMARY CARE

Good morning, members of the Appropriations Committee. I am a pediatrician practicing with Branford Pediatrics and Allergy, a suburban practice of 9 physicians, 2 APRNs and a Physician's Assistant located in two offices, a large office in Branford and smaller one in Clinton. We have many patients on the HUSKY program and we were concerned when the program experienced confusing and disruptive changes early last year involving forced enrollment in new HMOs. We also have had years of experience both before and after that change with serious access issues where the HUSKY HMOs would not pay for needed services, failed to provide their often-touted case management services, and failed to have an adequate network of specialists for us to send our HUSKY patients to.

Given this turmoil and these persistent access issues, a bright spot appeared in the fall of 2008 when primary care providers throughout the state were invited to enroll in the innovative and legislatively-mandated pilot program of primary care case management for the HUSKY A population (now known as HUSKY Primary Care). Specifically, we were sent a DSS bulletin in October which invited us as primary care providers to participate in this new pilot and stating that "The Department's goal is to open PCCM as an option to HUSKY A clients ***in as many geographic locations as possible by January 1, 2009***." In addition, we were invited by DSS to a forum in New Haven on October 21, 2008, to hear about the details of the pilot program.

In response, our business manager attended the New Haven evening forum, run by DSS's medical director and one of their attorneys, and reported back to us favorably on the pilot program, consistent with the description in the invitation. She reported that DSS staff made clear that the pilot would be implemented in any regions of the state in which primary care providers signed up for both children and parents. We became very interested in the pilot program as a means to ensure quality care for our substantial HUSKY clientele, and thus spent many hours meeting about the pilot program and putting together the application submitted to DSS by the October 31, 2008 deadline.

We were looking very forward to working with DSS to implement the pilot program effective January 1, 2009, as promised. We saw this pilot as a way to finally provide coordinated care to HUSKY patients in a quality and cost-effective way, which unfortunately has proven elusive under the HMO model of managed care.

Given our interest in this new program and the time we spent in investigating it and completing our application in response to the state-wide invitation, we were disappointed to learn, shortly thereafter, that, despite a strong response from providers throughout the state and particularly in the greater New Haven area, the altered intention was to roll out PCCM only in two small areas not including greater New Haven.

I understand that, since that time, this Committee and the Human Services Committee stepped in, in March of last year, to require DSS to expand PCCM at least to greater New Haven and greater Hartford, by January 1, 2010, and that this has happened. This is certainly a good development but it still leaves our patients out in the cold.

Under DSS' rules, only HUSKY A enrollees in New Haven and contiguous towns were invited to participate in PCCM, and only primary care providers with offices in New Haven or a contiguous town can participate for these patients. Branford is **two** towns over from New Haven, so we are barred from participating, as are all of our 2,000 or so HUSKY patients.

The results of these arbitrary rules are particularly apparent in the case of our 823 patients on Medicaid/HUSKY A who actually live in New Haven and the towns adjacent to New Haven. Though they were invited to participate in PCCM, and their nearby primary care providers — that is, those at my office— are willing and able to participate, they cannot do so without changing doctors, which I am sure most of you would agree is not a good solution.

These arbitrary rules, restricting access to this new program for both HUSKY patients and the providers willing to treat them, seems like an unwise decision for the state. Especially given the great difficulty DSS has had in enlisting providers in the HUSKY program, at least under the HMOs newly brought in last year, it is inadvisable to shut out providers who **want** to participate in this program, at least under a system like PCCM that does not have insurance companies getting between them and their patients.

Accordingly, I strongly urge you to require DSS to follow through on its original commitment made to me and other primary care providers throughout the state in the fall of 2008 that the PCCM pilot would be implemented "in as many geographic locations as possible by January 1, 2009." In my offices in both Branford and Clinton, we are ready, willing and able to implement this important pilot for our HUSKY A patients as soon as we get the go-ahead.

Thank you for the opportunity to speak with you today.